STATE OF CALIFORNIA

CLASSIFICATION AND/OR
CERTIFICATION ACTION REQUEST

STD. 625 (REV. 8-88) FMC

DPA DATE STAMP/SPB CERTIFICATION NUMBER

USE A SEPARATE FORM FOR EACH DIFFERENT CLASS OR LOCATION REQUESTED

If classification action is required, unless otherwise instructed, submit original and two copies of the completed form **WITH DUTY STATEMENT AND ORGANIZATION CHART(S)** attached directly to DPA/CCD. If certification action **ONLY** is required, submit original and one copy of the completed form (without attachments) directly to SPB.	DOCUMENT NUMBER *(Department Use)*

1. REQUESTING DEPARTMENT	2. DIVISION/UNIT	3. LOCATION
4. REQUESTED CLASS	3. POSITION NUMBER *(If multiple, list in #10 below)*	6. EFFECTIVE DATE

7. TENURE

- [ ] PERMANENT
- [ ] LIMITED TERM _____ MONTHS
- [ ] TAU
- [ ] T & D _____ MONTHS

8. TIME BASE

- [ ] FULL TIME
- [ ] INTER-MITTENT _____ *Hours Per* _____
- [ ] PART TIME *(Fraction)* _____
- [ ] OTHER *(Explain in #10)*

9. CLASSIFICATION ACTION REQUESTED

a. [ ] REFILL VACANCY *(No change in duties or organization)* — NAME OF PRIOR INCUMBENT — DATE VACATED

b. [ ] RECLASS FROM *(Attach memorandum of justification)* — PRIOR POSITION NUMBER — POSITION IS NOW [ ] OCCUPIED [ ] VACANT

c. [ ] NEW POSITION
- [ ] WORKLOAD CHANGE
- [ ] NEW FUNCTION
- [ ] ORGANIZATION CHANGE *(Attach present and proposed org. charts)*
- [ ] OTHER *(Explain in #10)*

d. [ ] OTHER
- [ ] BACKDATE OVER 60 DAYS *(Explain in #10)*
- [ ] CHANGE IN DUTIES
- [ ] HEADER CHANGE ONLY
- [ ] ORGANIZATION OR REPORTING RELATIONSHIPS CHANGE *(Attach present and proposed organization charts.)*

10. COMMENTS AND EXPLANATIONS

11. REQUESTOR SIGNATURE AND TITLE	TELEPHONE NUMBER	DATE
12. APPROVED BY (DPA)		DATE

13. ROUTING AND CERTIFICATION INSTRUCTIONS

a. [ ] ROUTE TO DEPARTMENT
- [ ] DEPARTMENT MAINTAINS LIST
- [ ] DEPARTMENT ON LINE
- [ ] TO BE FILLED BY *(Specify transfer, T & D etc. Include Name and SSAN if known)*

b. [ ] ROUTE TO SPB
- [ ] CERTIFY
- [ ] ENTIRE LIST
- [ ] DOWN TO AND INCLUDING *(Specify rank or name and SSAN)*
- [ ] SROA/REEMPLOYMENT CERTIFICATION
- [ ] BILINGUAL CERTIFICATION — LANGUAGE
- [ ] APPROPRIATE LIST CERTIFICATION — CLASSIFICATION — DEPARTMENT/LOCATION
- [ ] OTHER *(Specify)*

14. CERTIFICATION ISSUED	TELEPHONE NUMBER	DATE